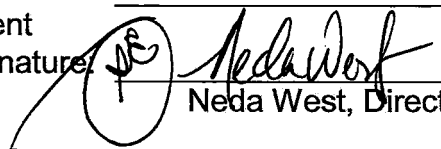


Internal Contract No: A-1, 848-PHD0509
Purchasing Contract No: 099-S1011
Index Code: 404112

CONTRACT ROUTING SHEET

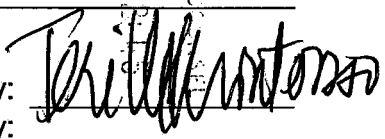
Date Prepared: 4/13/10
~~March 12, 2010~~

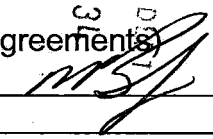
Need Date: 4/29/10
~~4/27/10~~

PROCESSING DEPARTMENT:
Department: Health Svcs Dept – PH Div.
Dept. Contact: Kathy Lang
Phone #: x6362
Department Head Signature: 
Neda West, Director

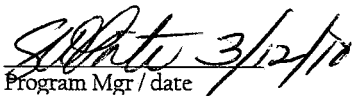
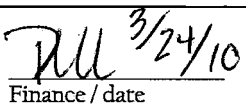
CONTRACTOR:
Name: Tahoe Youth & Family
Address: 1021 Fremont Avenue
South Lake Tahoe, CA 96150
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department – Public Health Division
Service Requested: AOD Counseling Services
Contract Term: 7/1 - 6/30/10 Contract Value: \$95,000.00
Compliance with Human Resources requirements? Yes No
Compliance verified by: Feasibility Analysis Attached

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: Disapproved: _____ Date: 4/27/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: _____ Date: 4/29/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

 3/12/10
Program Mgr / date
 3/24/10
Finance / date